

## Verification of Required Administrative Support to Alternate Curriculum Special Day Program (SDP) Class Substitute Teacher Form

<b>Date:</b>		<b>Type of Class and Room #:</b>	
<b>School:</b>		<b>Local District:</b>	
<b>Substitute Teacher Name:</b>		<b>Employee Number:</b>	
<b>Classroom Teacher of Record Name:</b>		<b>Employee Number:</b>	
<b>Date of First Day of Substitute Teacher Service in SDP Alternate Curriculum Classroom:</b>			

I verify the following:

1. The substitute teacher named above has reviewed the Individualized Education Program (IEP) of each student in the above-stated classroom and identified each student's goals and objectives.
2. I have met with and observed the substitute teacher/staff while teaching in the above-stated classroom and have verified (a) that adequate instruction is being provided, and (b) that every student's IEP is being appropriately implemented.
3. The following supports/interventions have been provided to the substitute teacher named above:

Please describe support(s)/intervention(s) here:

<b>School Site Administrator Name (Printed):</b>		
<b>School Site Administrator Signature:</b>		<b>Date:</b>

**PLEASE RETURN THIS FORM VIA SCHOOL MAIL, FAX, OR EMAIL:**

LISA KENDRICK, DIRECTOR, INSTRUCTION AND PARENT ENGAGEMENT  
17<sup>th</sup> FLOOR, BEAUDRY  
FAX: 213-241-8916  
[lisa.kendrick@lausd.net](mailto:lisa.kendrick@lausd.net)